

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

57 023198
STATE FIVE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R.F.D. Slater		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp.		Length of stay in 1b 9 wks	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Watson Jerome Wood			4. DATE OF DEATH July--1-1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 29-1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Virginia		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME J. W. Wood			14. MOTHER'S MAIDEN NAME Elizabeth Tisdale		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Mary Cook, R.F.D. Slater, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis and uremia, DUE TO (b) Chronic myocarditis, DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture of left femur					INTERVAL BETWEEN ONSET AND DEATH Years - 1 mo Years
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell at home			
20c. TIME OF INJURY Hour Month, Day, Year April 30, 1954 a. m. p. m. 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION R.F.D. Saline		COUNTY Mo. STATE 	
21. I attended the deceased from April 30, 1957 to July 1, 1957 and last saw him alive on June 30, 1957 Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C.A. McBurney, M.D.		22b. ADDRESS Slater, Mo.		22c. DATE SIGNED 7/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/3/1957		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Slater, Mo.		(State) 			
24. FUNERAL DIRECTOR Hill Brothers		ADDRESS Slater, Mo.		25. DATE RECD. BY LOCAL REG. 7-2-57	
26. REGISTRAR'S SIGNATURE Cecil G. Read					

(Licensed Embalmer's Statement on Reverse Side)

1931-1932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. C. Hill

Licensed Embalmer No. 36

P. O. Address State

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.